

ARKANSAS BUILDING

AUTHORITY

MIKE BEEBE, GOVERNOR

•

ANNE W. LAIDLAW, DIRECTOR

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To: Architects and Engineers

From: Marie Ordonez, Contract and Construction Manager

Re: Design Professional Closeout Certification; ABA MSC § 4-500 Et Seq.

Your checkmark in the space provided confirms the items listed below have been received, completed, and approved by your agency as appropriate. Your checkmark below also signifies you have sent the items listed below to the project owners. Please place N/A in any space that is deemed not applicable to this project. Please fax or mail the completed form to the ABA Construction Section.

- | | | | | | |
|-----|--------------------------|--|----|--------------------------|--------------------------------|
| 1) | <input type="checkbox"/> | Completion of All Punch List Items | 2) | <input type="checkbox"/> | Contractor's 1-Year Warranty |
| 3) | <input type="checkbox"/> | Roof Warranty | 4) | <input type="checkbox"/> | Termite Inspection Certificate |
| 5) | <input type="checkbox"/> | Maintenance & Operation Manuals | 6) | <input type="checkbox"/> | Certificate of Air Balance |
| 7) | <input type="checkbox"/> | Final Plumbing inspection | 8) | <input type="checkbox"/> | Final HVAC inspection |
| 9) | <input type="checkbox"/> | As Built and Shop Drawings for inclusion by A/E in Record Drawings | | | |
| 10) | <input type="checkbox"/> | CD-Rom being prepared for ABA Construction | | | |

Please complete the following:

ABA Project Name and Number:

Architect / Engineer Firms Name:

Firms Address:

Authorized Agent of the Firms
Printed Name, Signature, and
Date: